

CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO. 11-13115

Debtor Jerry L Williams SS# xxx-xx-4826 Current Monthly Income \$ 3,417.63  
Joint Debtor \_\_\_\_\_ SS# \_\_\_\_\_ Current Monthly Income \$ \_\_\_\_\_  
Address 1698 CR 232 Oakland, MS 38948-0000 No. of Dependents 1  
Telephone No. 662-852-9014 TAX REFUNDS AND EIC FOR DISTRIBUTION: None Available

**THIS PLAN DOES NOT ALLOW CLAIMS.** Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 1,215.50 per monthly to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

DIRECT

(B) Joint Debtor shall pay \$ \_\_\_\_\_ per (monthly / semi-monthly / weekly / bi-weekly ) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full: IRS \$ 30,960.86 @ \$ 516.01 /mo  
State Tax Commission \$ 0.00 @ \$ 0.00 /mo Other \$ 0.00 @ \$ 0.00 /mo

**DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:**

-NONE-

beginning in the amount of \$ per month shall be paid:

\_\_\_\_\_ direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:**

MS DHS/METSS  
750 N State St.  
Jackson, MS 39202

in the amount of \$ 71,918.00 shall be paid @ \$ 100.00 per month:

through the plan. Any additional funds available before completion of the plan shall be paid to MS DHS/METSS. All funds which are not paid to said creditor shall not be discharged pursuant to U.S.C. § 1328(a)

\_\_\_\_\_ through payroll deduction X

**HOME MORTGAGE(S)**

MTG PMTS TO: -NONE- BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ PLAN DIRECT  
MTG ARREARS TO: -NONE- THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO\*  
(\*Including interest at %)

**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
<b>Greentree Servicing, LLC</b>	<b>1997 Cavalier 28' x 70' Mobile Home Location: 1698 CR 232, Oakland MS 38948</b>	<b>69,206.19</b>	<b>*17,000.00</b>	<b>7.00 %</b>	<b>20,197.22</b>	<b>336.62</b>
<b>Mechanics Bank</b>	<b>2001 Freightliner FLD 120"-132" BBC FLD12064T Classic Location: 1698 CR 232, Oakland MS 38948</b>	<b>8,512.00</b>	<b>*6,000.00</b>	<b>7.00 %</b>	<b>7,128.43</b>	<b>118.81</b>

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
<b>-NONE-</b>			

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments: \*Amount proposed to be paid through the plan.

**UNSECURED DEBTS** totaling approximately \$ 91,663.52 are to be paid in deferred payments to creditors that have timely filed claims that are not disallowed:      IN FULL or 0 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ 2,800.00  
 Attorney Fees Previously Paid \$ 0.00  
 Attorney fees to be paid through the plan \$ 2,800.00

Pay administrative costs and debtor's attorney fees  
 Pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)  
**Thomas U. Reynolds 5307**  
**P.O. Drawer 280**  
**Charleston, MS 38921**

Telephone/Fax

Telephone/Fax 662-647-3203/662-647-2811  
 E-mail Address jenstanford@bellsouth.net

DATE: August 18, 2011

DEBTOR'S SIGNATURE  
 JOINT DEBTOR'S SIGNATURE  
 ATTORNEY'S SIGNATURE

/s/ Jerry L. Williams  
/s/ Thomas U. Reynolds